



State of Missouri

Jason Kander, Secretary of State

Corporations Division

PO Box 778 / 600 W. Main St., Rm. 322

Jefferson City, MO 65102

Attachment for Series of a Limited Liability Company

1. The name of the series of the limited liability company is:

(Must include "Series Limited Liability Company," "Series Limited Company," "Series LC," "Series L.C.," "Series L.L.C.," or "Series LLC")

2. The purpose(s) for which the series of the limited liability company is organized: _____

3. The name and address of the series of the limited liability company's registered agent in Missouri is:

Name

Street Address: May not use PO Box unless street address also provided

City/State/Zip

4. The management of the series of the limited liability company is vested in: ☐ managers ☐ members *(check one)*

5. If different than the limited liability company, list the names of the managers of a manager-managed series or the members of a member-managed series:

6. The events, if any, on which the series of the limited liability company is to dissolve or the number of years the series of the limited liability company is to continue, which may be any number or perpetual:

(The answer to this question could cause possible tax consequences, you may wish to consult with your attorney or accountant)

7. The name(s) and street address(es) of each organizer *(PO box may only be used in addition to a physical street address):*

(Organizer(s) are not required to be member(s), manager(s) or owner(s))

8. ☐ This series of the limited liability company has limited liability.

9. The following is also true for this series:

10. The effective date of this document is the date it is filed by the Secretary of State of Missouri unless a future date is otherwise indicated: _____

(Date may not be more than 90 days after the filing date in this office)

Name and address to return filed document:

Name: _____

Address: _____

City, State, and Zip Code: _____

In Affirmation thereof, the facts stated above are true and correct:

(The undersigned understands that false statements made in this filing are subject to the penalties provided under Section 575.040, RSMo)

All organizers must sign:

Organizer Signature	Printed Name	Date
---------------------	--------------	------

Organizer Signature	Printed Name	Date
---------------------	--------------	------

Organizer Signature	Printed Name	Date
---------------------	--------------	------